Autumn 2007
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CPHA•ACSP health digest
CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTE PUBLIQUE

CPHA Launches New Look

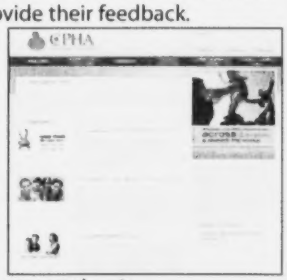
CPHA•ACSP
CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

After many months of planning, consultations and focus testing, CPHA's new corporate identity was officially unveiled at the Association's annual general meeting this past September in Ottawa.

The new logo builds on the distinctiveness and tradition associated with CPHA's previous logo, Hygieia, the goddess of health. The new logo is a modern version of Hygieia, stronger and more distinct than its predecessor while simplified, making it easier to communicate its intended message.

The new logo is a gender-neutral image, the shape of which was designed to suggest inclusivity, the holistic approach of public health, and the globe – acknowledging the global nature of public health challenges and CPHA's work in Canada and abroad.

In January 2007, the concept for the new logo was approved to proceed by the Board of Directors. CPHA's Advisory Council and members were then invited to view the proposed design on-line and provide their feedback.



The Association also launched its new website design at its 2007 Annual Conference. The new interface will make it easier for CPHA members and other people interested in public health to find the information they are looking for. The site will continue to be enhanced and further developed over the coming months. ♣

CPHA Awards Recognize Public Health Leaders

Each year, the Canadian Public Health Association honours individuals or organizations who provide outstanding service to their community and profession. CPHA members nominate candidates for the following prestigious awards.

Dr. Perry R.W. Kendall
R.D. Defries Award
Honorary Life Membership
On May 3, 1999, Dr. Kendall was appointed Provincial Health Officer for the Province of British Columbia. Dr. Kendall has a 25-year history practicing public health and community medicine in Ontario and British Columbia at both the municipal and provincial levels of government. He has served as Medical Officer of Health for the Capital Health Region in British Columbia and the City of Toronto in Ontario; Special Advisor to the Deputy Minister in Ontario; President and CEO of the Ontario Addiction Research Foundation for three years; and one year as Vice President for Seniors' Health in the Capital Health Region.

Dr. Robert Bourdeau
Honorary Life Membership
After completing a Bachelor and a Medical degree, Dr. Bourdeau qualified as Fellow of the Royal College of Surgeons in Orthopedic surgery. He went on to clinical practice and later worked as consultant for a provincial board. In 1985, he accepted the position of Medical Officer of Health with the Eastern Ontario Health Unit in Cornwall where he practiced

...see Awards, page 8

Public Health in Canada:
Reducing Health Inequalities
Through Evidence and Action

La santé publique au Canada :
Vers une réduction des inégalités
en santé par la recherche et l'action

www.cpha.ca

Canadian Public Health Association
2008 Annual Conference
1-4 June 2008
World Trade and Convention Centre
Halifax, Nova Scotia

In partnership with the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health, the National Collaborating Centres for Public Health and the Public Health Agency of Canada.

In association with the Public Health Association of Nova Scotia.

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Canadian Public Health Association

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO'S COLUMN

Four Days in September

Over four days in September, 1,000 public health professionals came together in Ottawa to share their programs, research, policy and practice at CPHA's 2007 Annual Conference. The CPHA conference represents the largest annual gathering of public health experts in Canada, with key individuals from professional associations, non-governmental organizations, academia and various levels of government. As in previous years, the forum offered a unique opportunity for stakeholders and partners to work together to move the public health agenda forward.

The importance of partnership was a recurring theme throughout the Conference. CPHA's partnership with the Public Health Agency of Canada, the Canadian Population Health Initiative of the Canadian Institute for Health Information, and the Institute of Population and Public Health of the Canadian Institutes of Health Research remains a defining feature of the conference and is a key ingredient in its success. This year, we were also pleased to partner with the Public Health Geomatics Conference, demonstrating once again our community's ability to integrate knowledge across disciplines.

I had an opportunity to talk to people during the conference and several offered their opinions on what 'made it work.' In their words:

- *"The program really reflected the sheer diversity of public health practice – we had everything from mental health and injury prevention to geomatics information systems and core competencies; I even attended a session on building immunization capacity in countries like Niger."* (This program diversity also reminds us that we're at our best when everyone pulls together, focusing the capacities and resources of government, non-government, and private sector partners in the same direction.)
- *"I appreciated the focus on both national and global initiatives – public health capacity is an issue everywhere."*
- *"The program really demonstrated that CPHA and its partners are committed to building capacity among the next generation of public health leaders."* (This year's conference featured several events aimed at students and trainees with an interest in public health research, policy and practice. Public health is in a time of renewal on multiple levels – not only in policy and infrastructure development, but also in training the public health workforce. The next generation of public health researchers, policy-makers, and practitioners must be engaged in this renewal, to make the most of their training.)
- *"The public forum on the environment was fantastic."* (Thanks to the leadership of the Ontario Public Health Association, the Public Forum was a huge success, drawing an unprecedented crowd of almost 1,500 attendees. The appeal of this panel discussion, featuring Dr. David Suzuki, Dr. Lynn Marshall, and Swedish Ambassador to Canada Ingrid Iremark, was that it demonstrated that health and environment has reached the top of the public agenda and is front and centre in the minds of Canadians.)

A conference of this magnitude is the result of hard work and unwavering commitment by a cast of many. On behalf of CPHA's Board of Directors and staff, I would particularly like to thank the following:

- Our partners: PHAC, CIHI-CPHI, CIHR-IPPH, and GeoConnections
- Our Conference Chair, Erica Di Ruggiero
- The individual members of the Conference Steering Committee and Sub-Committees and our scientific reviewers
- The staff and volunteers of the Ontario Public Health Association
- Our generous and supportive corporate sponsors and exhibitors.

The next conference is scheduled for 1-4 June 2008 in Halifax, Nova Scotia – so mark your calendars now!

Debra Lynkowski, Chief Executive Officer

Canadian Public Health Association 2007 Resolutions

The following resolutions were presented and voted upon at the
CPHA Annual General Meeting (AGM) in Ottawa, Ontario on Monday, September 17, 2007.

2007 CPHA Resolution No. 1
Fall Prevention and Building Codes

WHEREAS the senior population in Canada is expected to grow rapidly during the next several decades. By the year 2026, statistics project that 20% of all Canadians will be aged 65 and over (compared to 12% in 1998);

WHEREAS 1 in 3 older adults fall every year;

WHEREAS falls account for 87% of all fractures for people aged 65 and older;

WHEREAS 60% of fatal falls occur at home, 30% in public places, 10% in health care institutions;

WHEREAS falls generate 56% of the direct health care costs for the elderly ($2.4 billion);

WHEREAS falls among seniors are the 6th leading cause of mortality and a major cause of short-term and long-term disability among seniors in Canada;

WHEREAS falls in bathrooms and on stairs account for approximately 20-30% of all falls among seniors;

WHEREAS nearly two decades of community and laboratory research provide definitive and compelling evidence regarding characteristics of safer stairs and features of safe grab bars in bathtubs and shower stalls;

WHEREAS current National Research Council Codes do not require the same safety requirements for stairs in houses and small buildings as for stairs in public buildings;

WHEREAS current National Research Council Codes do not require homes, small buildings or apartment buildings to have universally installed grab bars in bathtubs or shower stalls;

WHEREAS members of the Canadian Public Health Association adopted a motion in 2003 to strengthen building code requirements in an effort to reduce falls among seniors;

WHEREAS a request for the addition of a code requirement for grab bars in bathtubs and shower stalls in houses, small buildings and apartment buildings has been submitted for consideration in this round of the building code revisions, and letters of support for consideration of this revision have been submitted to the National Research Council;

WHEREAS the National Research Council task force on stairs, ramps, handrails and guards is being asked to review the applicability of the stricter code requirements for stairs in public buildings to the codes for stairs in residential homes;

WHEREAS there are over 200,000 new housing starts in Canada each year (CMHC: expected 209,500 for 2007), and delays in making research-based modifications to the codes result in additional housing stock in Canada which do not meet evidence-based standards either for safer stairs or for grab bars in bathtubs and shower stalls;

WHEREAS changes to National Research Council building code recommendations that are adopted as provincial and territorial legislation apply only to new buildings and to major renovations of existing buildings in each province and territory;

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA) urge the Canadian Commission on Building and Fire Codes to review the proposed change in building code standards for grab bars in bathrooms in the current round of revisions to national building code recommendations. Reference Code: 3.7.2.9, 9.31.2.3.

AND FURTHER BE IT RESOLVED THAT CPHA notify members of the timing of the public consultation processes and urge its members to participate in the public consultation process for changes to the building codes proposed by the task group on stairs, ramps, guards and handrails; and proposed by the Standing Committee on use and egress and the Standing Committee on housing and small buildings.

AND FURTHER BE IT RESOLVED THAT CPHA provide a synopsis of the evidence related to proposed building code changes to be published in advance of the public consultation process.

AND FURTHER BE IT RESOLVED THAT CPHA urge the Canadian Federation of Municipalities to consider changes to by-laws that would require retrofits to both public buildings and to residential homes and buildings that would increase stair and bathroom safety.

CARRIED.../

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2007 CPHA Resolution No. 2
Regulation of Psychoactive Substances in Canada

WHEREAS psychoactive substances* are a high-profile and ongoing concern due to the associated harmful effects. Conservative estimates are that substances are associated with at least 47,000 Canadian deaths per year (21% of all deaths) at an annual cost of nearly $40 billion, with most of these deaths and costs due to legal, poorly regulated substances, specifically tobacco and alcohol;[1]

WHEREAS substance use is common, much use of some substances is beneficial or non-harmful, and some use may result in harms for the individual user and the community in which they live;[2]

WHEREAS the informed consensual use of psychoactive substances is a basic right, for which criminal sanctions should only be used to prevent harm to others;[3]

WHEREAS persons who use drugs are recognized as possessing the same dignity, with all ethical consequences of this ethical fact, as all other human beings;[4]

WHEREAS there is increasing recognition and concern that indiscriminate prohibition of substances (e.g., cannabis, opioids, stimulants) is actually a source of many harms;[5,6,7,8,9,10]

WHEREAS prohibition is increasingly being recognized as ineffective in reducing the use of illegal drugs,[3] while harm reduction, health promotion, and regulation are well demonstrated to be effective;[11]

WHEREAS the law is a powerful tool for protecting and improving health, and the failure to use law appropriately for psychoactive substances has contributed to much death, disease, and social problems;[12,13]

WHEREAS legislative and policy frameworks for psychoactive substances have not kept pace with established health best practices and need to be modernized;[14]

WHEREAS a comprehensive approach to addressing the use of psychoactive substance should be based on an accurate assessment and evaluation of the benefits and risks, with an appropriate balance and integration of the four pillars of prevention, harm reduction, treatment, and enforcement, and also needs to include adequate investments in health promotion, education, health protection, discrimination reduction, rehabilitation, research, and monitoring trends;[15,16,17]

WHEREAS the failure of the prohibition approach (given the additional harm it generates) has created pressure to find alternative solutions;[4,5,18,19]

WHEREAS alternative models for the regulation of psychoactive substances are being developed that focus on changes to the supply chain to protect and promote public health;[9,20,21]

WHEREAS the overarching challenge is to develop coherent, effective, and efficient approaches that minimize psychoactive substance-associated harms, maximize benefits, and recognize that most use does not result in societal harm, without creating additional harms from implementation of control approaches;[22]

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA) urge the Government of Canada to establish, in consultation with provincial and territorial governments, a national psychoactive substances regulation steering group to propose policy and regulatory improvements for tobacco, alcohol, cannabis, opioids, stimulants, hallucinogens, and sedatives/hypnotics. This body would have broad representation, including but not limited to members drawn from all levels of government, non-governmental agencies, as well as producers, consumers, health, education, social services and criminal justice agencies. This body will have the mandate to develop substance-specific policy and legislative proposals, guided by a comprehensive policy framework based on a public health approach.

CARRIED AS AMENDED.../

* *Includes alcohol, tobacco, prescription substances with reinforcing properties such as sleeping pills and pain killers, and illegal substances such as marijuana, cocaine, methamphetamine, ecstasy, and heroin.*

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2007 CPHA Resolution No. 3
Idling Control Bylaw

WHEREAS 16,000 Canadians die prematurely from air pollution-related disease and thousands more become unnecessarily ill;[1,2,3,4]

WHEREAS children are particularly vulnerable to air pollution;[2,5]

WHEREAS car, truck and bus emissions are one of the leading sources of smog-causing pollutants;[6,7]

WHEREAS ten seconds of idling uses more gasoline than starting an engine[8] and an idling vehicle emits nearly twenty times more pollution than one travelling at 50 kilometres per hour;

WHEREAS over one million dollars of fuel is idled away by Canadians daily;[2]

WHEREAS excess idling to warm up a vehicle isn't needed – only 30 seconds at most is required for this activity;[5]

WHEREAS a number of municipalities across the country, including major cities such as Toronto and Vancouver, have successfully adopted idling control bylaws;[9]

WHEREAS adopting idling control bylaws will improve the transportation carbon footprint of jurisdictions enacting such measures through reduced combustion of carbon-based fuels;[6]

WHEREAS this action is a positive step in addressing climate change and conserving a non-renewable energy source;[10]

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA) urge the Federation of Canadian Municipalities to develop model motor vehicle idling control legislation fashioned after the provisions and restrictions contained within the existing idling control bylaws of Canadian municipalities and to recommend implementation and enforcement of such a bylaw to their membership.

CARRIED AS AMENDED.../

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ONTARIO AGENCY FOR HEALTH PROTECTION & PROMOTION - OAHPP

BUILD A WORLD CLASS AGENCY

Founding Chief Executive Officer

A cornerstone responsibility of all governments is to safeguard its citizens by protecting them from the dangers of infectious diseases and environmental risks, and by also promoting good health practices and healthy public policies. To this end, the Government of Ontario has created the ***Ontario Agency for Health Protection and Promotion*** to: provide scientific and technical advice; develop and disseminate public health knowledge and research, and; operate specialized public health laboratory services.

The Agency will be located in a brand new, state-of-the-art facility in one of North America's preeminent innovation centres in Toronto.

For the founding CEO, this is a once in a lifetime opportunity to work in concert with the Agency Board to bring the vision to life. You will inspire a core team of leading research, laboratory and health experts, ensuring they have the tools and resources for success. You will lead the Agency in partnerships with experts from a range of fields across the Province to enhance Ontario's public health system, including the provision of field support when called upon by the Chief Medical Officer of Health in emergencies.

A proven health sector/public health leader, you have shown your ability to synthesize, communicate and influence. Experienced with start-ups and with leadership of a large organization, you have a reputation as a team builder and champion of innovation, with an ability to harness expertise. You have worked in research-intensive environments where you cultivated knowledge transfer. You have built relationships and negotiated with key decision makers in government and public healthcare organizations - key to the success of the Agency. Here is a unique opportunity to link talented people with new processes to create a healthier Ontario.

To explore this opportunity further, please contact Paul Stanley or Tanya Todorovic in our Toronto office at (416) 366-1990 or through email at mireille.macia@rayberndtson.ca.

Reaching out to post-secondary students with the Canadian Health Network (CHN)

The CHN's goal is to get reliable health information to Canadians. As an Affiliate to the CHN, we are always looking for innovative ways to do this. One of our recent initiatives has been our Back-to-School Tour.

In late August and early September, colleges and universities across Canada organize back-to-school activities, such as information fairs or "Week 101", to welcome their students and to provide them with the information they need to have a positive and healthy school experience.

For the third year, CPHA joined other CHN Affiliates in Ottawa to reach out to post-secondary students in the region by being a presence at these back-to-school activities. Affiliate staff set up an information table filled with resources and talked with students about the CHN website, which covers a variety of health topics, including ones that may be particularly relevant to the students, such as sexuality, reproductive health, substance use and HIV/AIDS.

This year, we attended activities at Carleton University and the University of Ottawa, giving us the opportunity to get health information to young adults in a hands-on way. We were able to meet students and peer educators face-to-face, to share our resources and to engage them in frank discussion.

The level of interest and open attitudes that we have encountered are very encouraging, and we are currently looking at ways to share this successful initiative with Affiliates in other regions across Canada.

Thanks to the following CHN-affiliated organizations for their contribution to this year's tour: the Canadian Federation for Sexual Health, the National Aboriginal Health Organization, the Canadian Child Care Federation and the Canadian Lung Association.

CPHA launches Infectious Diseases Portal

The Canadian Public Health Association (CPHA), in partnership with Reckitt Benckiser, the makers of Lysol, launched its new infectious diseases portal infectiousinfo.cpha.ca at its annual conference in Ottawa in September.

Adonis Souloglou, Marketing Director for Reckitt Benckiser (Lysol) in Toronto, and Debra Lynkowski, CEO for CPHA, officially launch CPHA's infectious diseases portal at the opening plenary of the CPHA annual conference in September in Ottawa.

The content-rich web portal is the information gateway to a myriad of resources on disease identification, management and prevention such as:

- *Ounce of Prevention*, a brochure on keeping your home healthier
- Immunization posters and flu season resources
- Pandemic planning tools
- HIV/AIDS booklets, posters and best practices

There is valuable information from various CPHA projects such as Pandemic Communications, Primary Care Readiness for Pandemic Influenza, Canadian HIV/AIDS Information Centre, Canadian Coalition for Immunization Awareness and Promotion, Early Detection and Response Course for Health Professionals, and many more.

Environment Canada resources on pollution

S&T into Action to Benefit Canadians tells the story of Environment Canada's success in generating tangible environmental, social, and economic benefits. It demonstrates how S&T has influenced the environmental decision-making process by supporting a regulation, guideline, strategy, policy, program, initiative or management decision. The article *Cleaning the Air in Canadian Cities* showcases a technology for reducing the emissions of air pollutants which take a great toll on human health. The article *A Legacy of Pollutants in Nova Scotia - Assessing Risks, Taking Action* is the story of managing the public health risks associated with mercury pollution from abandoned gold mines. These articles can be read in full at: http://www.ec.gc.ca/scitech/default.asp?lang=En&n=D711630F

For more information, please contact:

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E-mail: karl.schaefer@ec.gc.ca

STUDENT *Corner*

Welcome to the inaugural article in the *CPHA Health Digest*'s new Student Corner! My name is Colleen Davison and I am the current student representative on the CPHA Board of Directors. I have the privilege of being the first of many students lined up to write in this new corner of the Health Digest. This is the space where students and residents will bring forward topics of special interest to those involved in public health training.

For my contribution, I wanted to highlight the recent revival CPHA has had with respect to students and some of the ways the Association currently serves public health trainees. With the creation of a specific position on their Board of Directors, CPHA signalled a growing interest in supporting students and residents and in getting public health trainees (and their trainers!) engaged in the work of the organization. Thus far, important strides have been made:

- A Student Task Force (originally termed a Student Ad Hoc Committee) has been established to advise the Board on student-related issues and take student ideas and projects forward;
- A travel bursary program was established for full-time students whose abstracts were selected for the annual conference;
- CPHA students were abstract reviewers for the annual conference and there is now a permanent position for a student on the conference planning committee;
- Student awards for the conference were offered again this year and awards were also extended for the IUHPE conference in Vancouver;
- Some special events took place at the annual conference, including:
  - A grant-writing strategies workshop for new researchers in public health,
  - The CPHA Awards Luncheon, and
  - A student breakfast hosted by the conference partners.
- And now, we have just started a student corner in the *CPHA Health Digest*!

Obviously, we are pleased with the progress thus far and we have many plans for the future! There has been a 19% increase in the number of CPHA student members in the last year. If you are interested in becoming a student or regular member, please check out: http://www.cpha.ca/en/default.aspx.

Student corner editors have already volunteered and are planning their features for the next four editions of the Health Digest, so please watch this space! If you are a student or resident in training – or you know of someone – who may be interested in becoming an editor, contributing ideas for the corner, or getting further involved in CPHA, please have them contact me.

All the best to everyone, especially those in public health training!

Colleen Davison
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Coming *events*

OPHA 2007
Public Health: Who's at Risk? What's at Stake?
Ontario Public Health Association; co-hosted by Toronto Public Health
18-21 November 2007 Toronto, ON
Contact: OPHA
www.ophaconference.ca

Health Human Resources 2007: Connecting Issues and People
The Canadian Institute for Health Information (CIHI), the Canadian Institutes of Health Research (CIHR), Health Canada, and the Public Health Agency of Canada (PHAC)
4-6 December 2007 Ottawa, ON
Contact: CIHI
www.cihiconferences.ca

Canadian Public Health Association
2008 Annual Conference
Public Health in Canada: Reducing Health Inequalities Through Evidence and Action
1-4 June 2008 Halifax, NS
Contact: CPHA Conference Services
E-mail: conference@cpha.ca
www.cpha.ca

5th World Conference on Breast Cancer
Heart, Soul, & Science: "It's a Small World After All"
4-8 June 2008 Winnipeg, MB
Contact: Tel: 204-480-4588
E-mail: mail@wcbcf.ca
www.wcbcf.ca

CALL FOR PAPERS
18th World Conference on Disaster Management
Resiliency – Individual, Community, Business
The Canadian Centre for Emergency Preparedness
15-18 June 2008 Toronto, ON
Contact: www.wcdm.org
Deadline for abstracts: 2 December 2007

International Nursing Research Conference
Facing the Challenge of Health Care Systems in Transition
29 June-3 July 2008 Jerusalem, Israel
Contact: Diesenhaus Unitours – Convention Department
Tel: 972-3-5651313 Fax: 972-3-5610152
E-mail: meetings@diesenhaus.com
www.d-convention.com/israelnursing

Beyond the Horizon
74th Annual Educational Conference of the Canadian Institute of Public Health Inspectors (CIPHI)
20-23 July 2008 St. John's, NL
Contact: www.ciphi.ca/events.htm

29th ICOH, International Congress on Occupational Health
Occupational Health: A Basic Right at Work – An Asset to Society
22-27 March 2009 Cape Town, South Africa
Contact: Congress Secretariat
Tel: +27(0)21-938-9238/9245/9082/9651
Fax: +27(0)21 933 2649
E-mail: admin@icoh2009.co.za
www.icoh2009.co.za

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for 22 years. Dr. Bourdeau also holds two Master degrees, one in health administration and another in applied science. As the Medical Officer of Health at the Eastern Ontario Health Unit, he is known for his strong advocacy for healthy lifestyles, particularly with regard to not smoking, and his priority for healthy early beginnings. He prides himself to be at the forefront of public health innovation.

Mary Bush
Certificate of Merit
Mary Bush is the Director General of the Office of Nutrition Policy and Promotion within the Health Products and Food Branch of Health Canada. Previous to her current role, Mary led the policy review on nutrition labelling from March 1998 to October 2000. This work was an important component of Health Canada's implementation efforts related to Nutrition for Health: An Agenda for Action, Canada's national plan of action for nutrition.

Margaret Hilson
CPHA International Award
Ms. Hilson started her international health career in 1968 with CUSO as a community health nurse educator in India.
Ms. Hilson joined CPHA in 1985. Over the next 20 years, she led the Association's global health programs from a small collection of projects to its present status as a major force in global health actions, programs and policies. She is particularly proud of the Association's unique contribution to strengthening sister public health associations throughout the developing world.

Kate Bassil
Dr. John Hastings Student Award
Kate Bassil is a PhD candidate in the Epidemiology program in the Department of Public Health Sciences at the University of Toronto. Her doctoral research is on the development of a syndromic surveillance system for heat-related illness using ambulance dispatch data in Toronto. Kate is particularly interested in geospatial applications to public health issues; a core component of her current research involves geospatial analysis to identify the locations of 911 calls for heat-related illness so that interventions can be targeted to these vulnerable populations.

Population and Public Health Student Awards
The purpose of this awards program is to recognize excellence in the next generation of population and public health researchers, policy-makers and practitioners.

Masters Level
- Ms. Shira Goldenberg, University of British Columbia
- Ms. Katrina Plamondon, University of Saskatchewan

PhD
- Mr. Randall Fransoo, University of Manitoba
- Mrs. Laura Rosella, University of Toronto

Maureen Dobbins
Public Health Human Resources Award (Individual)
Maureen Dobbins joined the School of Nursing at McMaster University as an Assistant Professor in 1999 and was recently granted tenure and promotion to associate professor, effective July 1, 2006. She holds a cross appointment with the School of Rehabilitation Sciences, as well as the City of Hamilton, Public Health Services. She currently holds a five-year career scientist award from the Ontario Ministry of Health and Long-Term Care. Maureen has concentrated her research efforts on understanding knowledge transfer and uptake and evidence-based decision making among public health decision makers in Canada.

L'Institut national de santé publique du Québec
Public Health Human Resources Award (Organization)
The Institut national de santé publique du Québec (INSPQ) is a government organization founded in 1998 to improve the coordination, development and use of expertise in public health. The INSPQ is the first public health agency in Canada to have a legislated mandate for public health education. The development of public health expertise and competencies is a domain that runs across all activities of the Institute. INSPQ has been instrumental in developing and implementing high quality continuing education for public health professionals in Quebec and supporting francophones working elsewhere in Canada and internationally. ♣

News from the Network on Healthy Eating

Information about the 2007 Canada's Food Guide and the processes undertaken to revise the guide are available at: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/context/index_e.html. Two scientific papers have also been published on the topic: Bush et al., Eating Well with Canada's Food Guide: "A Tool for the Times". *Can J Dietetic Practice and Research* 2007;68:92-96. Katamay et al., Eating Well with Canada's Food Guide (2007): Development of the Food Intake Pattern. *Nutrition Reviews* 2007;65:155-66, available at: http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/pubs/fd_int_pat-ela_mod_alim_e.pdf.

Findings from the Canadian Community Health Survey are available at: http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/index_e.html. One of their recent reports focuses on Income-Related Household Food Security in Canada, available at: http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/surveill/income_food_sec-sec_alim_e.pdf. ♣

CPHA would like to thank our volunteer members who represent us on the Network on Healthy Eating, Dr. Irene Strychar, Professor, Département de nutrition, Faculté de médecine, Université de Montréal, and Marie-Eve Lavoie, CPHA Student Representative

SOPHA Partner PHAs Present on Role of Civil Society in Public Health

Presenters from left to right: James Chauvin (CPHA), Federico Paredes (ACOSAP), Hélène Valentini (INSPQ) and Mathias Somé (ABSP).

Global Health – Building Public Health Capacity for Effective Community Response was the theme of the global health session highlighting the efforts of the SOPHA program partners and graduates. The panel participants included Dr. Mathias Somé, representing the *Association burkinabé de santé publique* (ABSP) of Burkina Faso; Mr. Federico Paredes, President of the *Asociación Costarricense de Salud Pública* (ACOSAP) from Costa Rica; Ms. Hélène Valentini, from the *Institut de santé publique du Québec* (INSPQ); with CPHA's Global Health Programs Director, Mr. James Chauvin, moderating the session.

Mr. Paredes spoke of the close relationship enjoyed between ACOSAP and the Costa Rican Ministry of Health (MoH). ACOSAP has the status of an advisor to the MoH, representing the voice of health professionals and civil society in terms of public health issues. For the MoH, the association is an outlet through which health issues can be addressed and debated in a non-official forum. The MoH has come to rely on ACOSAP to take on the role of disseminating information on public health issues through its journal (*Revista Costarricense de Salud Pública).* Many of the activities ACOSAP undertakes involve collaboration with the Ministry, such as ACOSAP's work in providing professional accreditations, leading the anti-tobacco campaign and advocating for the adoption and implementation of the Framework Convention for Tobacco Control.

Dr. Somé's description of *ABSP* was one of playing a coordinating role among the principal actors of government, health professionals and the general public. He explained that ABSP's activities allow for the various actors to learn and understand that solutions exist, and that ABSP is in a position to contribute to solving public health issues through operational research, advocacy, social mobilization and promoting awareness. He indicated that the association has increased its profile nationally from some of its recent work, but needs adequate funding to sustain its visibility and credibility. Examples of issues addressed by ABSP include access to obstetrical care in public hospitals, child immunization, HIV/AIDS prevention services and research on the use of tobacco.

Ms. Valentini's presentation summarized some of the roles and challenges faced by the PHAs today:

- PHAs need to be adapting and redefining themselves amid changing political, economic and health contexts;
- PHAs constantly have to prove their credibility among government, health professionals and the general public;
- PHAs must be careful to maintain their independence while managing conflicts that arise among the public health actors on various health issues, and operate objectively where possible;
- PHAs must be able to mobilize civil society through supportive and stimulating activities;
- PHAs are challenged to maintain a dynamic and growing membership;
- PHAs constantly struggle to achieve some financial security.

All the presenters agreed that PHAs need to work within a framework of coordinated action with government (the decision-makers), health professionals and the general public in order to have effective community responses. While PHAs need to maintain a strong independent voice, they are continually reminded of their fine balancing act as civil society's advocates on public health issues and of the need to maintain an amicable working relationship with government, which in many cases provides material supports to the PHAs. This requires much caution and diplomacy to be exercised so as not to "bite (or bite too hard) the hand that feeds."

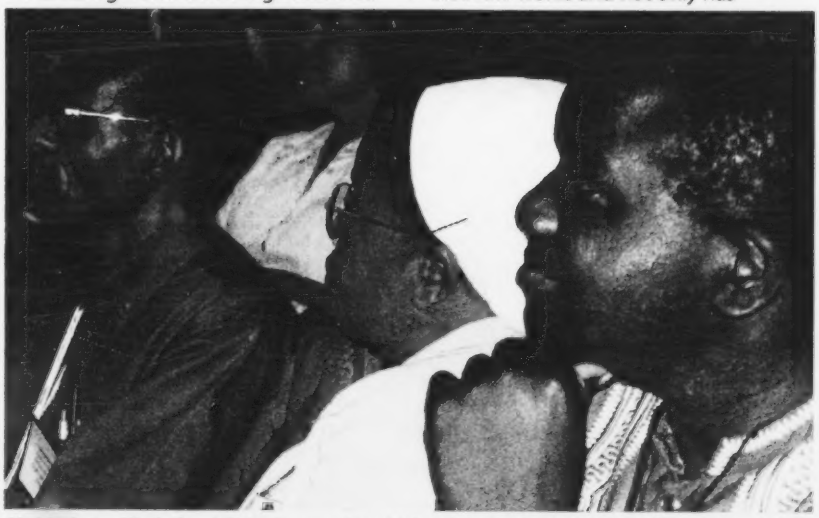
Hélène Valentini (INSPQ) making a presentation on the role of PHAs as the voice of civil society and community mobilizer.

Delegation from Southern Africa
Building HIV and AIDS Community Competence

Since 1990, the Canadian Public Health Association (CPHA), through a contribution from the Canadian International Development Agency, has been supporting a project that builds the capacity of community-based organizations to respond to the HIV pandemic. Since 2003, the project was transformed into an independent African-based organization called the Southern African AIDS Trust (SAT). To date, SAT has supported over 250 community responses to HIV and AIDS through in-depth partnerships with local community groups in Southern Africa. SAT's overall goal is to build the competence of communities to develop and manage effective, appropriate and sustainable responses to HIV and AIDS. This is achieved through partnerships, grant management, wider networking, skills exchange and lessons-sharing. SAT funding and skills-building activities support the capacity development of partners.

Currently, SAT supports 122 national and 2 regional partners in the five countries where it operates (Tanzania, Malawi, Zambia, Zimbabwe and Mozambique). Through the development of HIV and AIDS community competence, significant changes have been observed in partners in terms of growth and management. SAT has helped community organizations emerge and develop to become HIV and AIDS competent and sustainable. Through its partners, SAT has reached approximately 348,436 children affected by HIV and AIDS, approximately 44,641 People Living with HIV and AIDS, and provided counselling to 77,130 clients. SAT itself has become a strong regional autonomous organization and continues to grow to support HIV and AIDS community competence.

From September 14-20, 2007, CPHA hosted 9 delegates from southern Africa who were here to engage the public and promote the success of the Southern African AIDS Trust. The delegates presented at two events: CPHA's pre-conference session in Ottawa, and a public forum in Toronto. These events were well attended by development practitioners, academia, students and other non-governmental organizations.



Mr. Masimira (Zimbabwe), Sister Kapapa (Zambia) and Mr. Tembo (Zimbabwe) listening to a presentation from another SAT partner at the CPHA pre-conference session in Ottawa.

The delegation also had some engaging discussions with the Canadian AIDS Society and its Ottawa members, and AIDS service organizations serving the African and Caribbean communities in Toronto. Through the discussions it was seen that A' Service Organizations in the north and south face similar challenges in terms of resource mobilization, funding, human resource management, and stigma and discrimination. The groups exchanged some innovative ideas to enhance their activities; for example, *Operation Hairspray* run by Ottawa Public Health works with local hair salons and barbershops to empower them to educate their clients on HIV and AIDS. This would be a good model to replicate in southern Africa where many women socialize and spend time at hair salons. In addition to these public forums, SAT had individual meetings with various organizations such as the Stephen Lewis Foundation and academic institutions to develop strategic partnerships to promote SAT's programming and strengthen its operational research.

The delegates shared some noteworthy lessons and experiences during their presentations. Sister Kapapa from Monze Mission Hospital told her story about provision of anti-retroviral treatment (ART) and its impact in Monze District, Zambia. She affirmed that ART works and not only has relieved the burden of care for those living with the virus, but also has prolonged lives and reduced mortality. However, she warned of the diminishing adherence to treatment as the health of clients improved. She also emphasized that there was need to address the issues of orphan care and support. The Batsinarai project, presented by Francis Tembo, uses the concept of "all together" to mobilize communities to address the issues of orphans and vulnerable children in Zimbabwe. Through active community participation, including that of children themselves, the project provides educational support, psychosocial support and nutrition for vulnerable children. In Mozambique, a country that was destroyed by civil war, the lack of health infrastructure makes HIV treatment almost impossible. The Mozambican Access to Treatment Movement (MATRAM) formed a coalition to lobby the government for

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Canadian International Initiative Phase 2 (CIII-2)
CPHA Immunization Project – Technical Assistance and Awareness Components

Integrated Measles Campaign in Lao PDR

by Jill Eyolfson
CIII-2 Consultant, STOP 25, May – August 2007

I feel honoured to have been selected as a Canadian consultant to join the STOP 25 (Stop Transmission of Polio) Team for the 3-month period from May to August 2007. STOP is a global program that supports WHO, CDC and CPHA, by sending short-term consultants to a variety of locales to assist in the control, elimination and eradication of first polio and now measles. The positions are voluntary and the consultants selected complete a 12-week posting in country. Consultants, who are selected from around the world, are first sent to the CDC Atlanta for an in-depth two-week training period prior to being deployed to their country of assignment.

Four of us – two from Canada, one from Pakistan and one from Kenya – were selected to go to Lao PDR to, in conjunction with the Ministry of Health, offer support at the provincial and district level for the microplanning process in preparation for the Measles Integrated Campaign to take place November 12-18, 2007.

Measles is a disease virtually unheard of in Canada, yet it is responsible for 48% of the deaths in children worldwide, largely in developing countries. Measles is also a good candidate to target for eradication. The virus is stable and, unlike with the influenza virus which is continually evolving, infection with measles produces lifetime immunity. The vaccines available are safe, effective, and low cost and transmission is halted when 95% of children receive 2 doses of this vaccine.

In Canada, we reach this coverage target through our routine immunization services. In Lao, only about 50% of children received one dose, and hence there is a need for a national Supplementary Immunization Activity (SIA). Earlier in 2007, measles outbreaks were reported in the central and northern provinces of Lao PDR, claiming the lives of many children.

Our team was the first group of international consultants to work at the provincial and district level. The STOP team was divided and sent to different geographic locations in the country and I was assigned to the central provinces, in particular, Vientiane and Bolikamxia. As all previous consultants provided support at the national level, the first challenge we had was to gain the trust of the provincial EPI staff. Our major achievement was acting as a liaison between the national and the provincial programs. From this experience, we found the provincial staff to be very hard working and knowledgeable in regard to their programs and they knew what the obstacles to the campaign would be.

The target of the SIA was to immunize 95% of the children between the ages of nine months to 15 years. Microplanning

Photo courtesy of Jill Eyolfson

Canadian STOP 25 Team colleague, Karey Raybould, with Lao children.

is the process we use in order to identify where the target populations are located, which populations are hard to reach and what resources are needed in order to reach them. The hard-to-reach populations are often the most critical. Lao is mountainous and in one district I visited, I was told of a village which took six hours to reach by foot and the vaccinators required a military escort. The measles vaccine is heat sensitive; once warmed, it loses its immunogenicity within a few hours. In addition to the challenge of limited-access villages, only 20% of Lao's health centres have refrigeration.

The hard-to-reach areas are also often the locations where the people don't know the value of the vaccine, and hence there is a strong need for raising awareness and social mobilization and for the creation of a demand for the vaccine. If parents don't see the need to vaccinate, they won't bring their children, even if the vaccination post is set up around the corner from their homes.

These two challenges – cold chain and social mobilization – were the ones we identified as the most critical to the ultimate success of the campaign; these were the two we emphasized to the ministry of health, to WHO, and to UNICEF.

My in-country experience was certainly not without its challenges. English is not widely spoken, especially in the more remote areas, and in one particular town I ordered my meals with the help of my trusty dictionary. I never went hungry, but dinners were often a surprise!! I also discovered the universal word for 'stop the bus' is *whoa*, said loudly. The people of Lao PDR were extremely friendly and helpful, which contributed greatly to making this mission such a wonderful experience. Now… if I could only go back for the actual campaign – just to see how it turns out!

Ms. Eyolfson is a Public Health Nurse and the Communicable Disease Coordinator at the Heartland Regional Health Authority in Saskatchewan.

CPHA Global Health Programs team as of September 2007

From left to right: *Debra Lynkowski, CPHA CEO; Manjula Alles, Project Officer/SOPHA Program; Nole Novakovic, Project Administration Officer/Balkans PHA Project; Helena Monteiro, Coordinator/Intersectoral Action for Health (Brazil); Sejdefa Sokolija, Public Health Project Officer/Balkans PHA Project; Lynne Gibbons, Project Assistant/CIII2; Pauline Kirkwood, Project Assistant/Balkans PHA Project; Catherine Molina, Project Assistant/SOPHA Program; Barbara Kruger, Project Assistant/Community Competence for HIV in Southern Africa; Gaby Jabbour, Coordinator/CIII2; Geza Radu, Director/Balkans PHA Project; Violette Pedneault, Director/SOPHA Program; Jim Chauvin, Director/Global Health Programs; Meriam Abdul-Messih, Project Officer/CIII2.* ***Seated, left to right:*** *Tariq Bhanjee, Coordinator/Community Competence for HIV in Southern Africa and Stela Stojisavljevic, Public Health Project Officer/Balkans PHA Project.*

Margaret Hilson receives 2007 CPHA International Award

Margaret Hilson, former Director of CPHA's Global Health Programs, being presented the 2007 CPHA International Award by CPHA Chair, Ron de Burger.

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access to treatment for people living with HIV and AIDS (PLWA). Treatment is now available and rapidly increasing and MATRAM ensures that the government continues to deliver treatment. MATRAM is now focusing on enhancing the treatment literacy in Mozambique. In Southern Malawi, Friends of AIDS Support Trust (FAST) is involving males who are bicycle taxi operators in the fight against HIV and AIDS through empowering them to educate others and change their own behaviour. Midlands AIDS Service Organization (MASO) is a recently graduated partner from SAT and shared some insights on the process of graduation and support it received from SAT in terms of grants and capacity. Today, MASO is the second-largest AIDS Service Organization in Zimbabwe, working under a challenging socio-economic and political national climate. MASO has developed its competence in HIV and AIDS and has enhanced its proposal writing skills and diversified its funding portfolio. It now supports and mentors other smaller organizations.

SAT enables communities to build their own skills and capacity to respond to HIV and AIDS and increases their competence. CPHA is proud to have contributed in a lasting and positive way in support of SAT and its objectives. CPHA has made an important contribution to the creation of a dynamic, relevant and self-sustainable regional African non-governmental organization that meets the needs of its communities. This is the epitome of success and the true sense of development and sustainability where aid has had, and will continue to have, a lasting impact.

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